## **Application Data Sheet**

## **Application Information**

**Application Type::** 

Regular

Subject Matter::

Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Computer Readable Form (CRF)?::

No

Title::

System and Method for Storing, Creating,

and Organizing Financial Information

Electronically

**Attorney Docket Number::** 

055555-0233

Request for Early Publication?::

No

Request for Non-Publication?::

No

Suggested Drawing Figure::

1

**Total Drawing Sheets::** 

16

Small Entity?::

No

Petition included?::

No

Secrecy Order in Parent Appl.?::

No

## **Applicant Information**

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

**Full Capacity** 

Given Name::

William

Family Name::

**CHENEVICH** 

City of Residence::

Portland

State or Province of

Oregon

Residence::

**Country of Residence::** 

US

Street of mailing address::

City of mailing address::

Portland

State or Province of mailing

OR

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

**Full Capacity** 

Given Name::

Linda K.

Family Name::

**GARNER** 

City of Residence::

Cincinnati

State or Province of

Ohio

Residence::

**Country of Residence::** 

US

Street of mailing address::

5003 Village Dr.

City of mailing address::

Cincinnati

State or Province of mailing

OH

address::

Postal or Zip Code of mailing

45244

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

**Full Capacity** 

Given Name::

Gary L.

Family Name::

HODGE

City of Residence::

Minneapolis

State or Province of

Minnesota

Residence::

Country of Residence::

US

Street of mailing address::

6840 Blaine Ave. East

City of mailing address::

Minneapolis

State or Province of mailing

MN

address::

Postal or Zip Code of mailing

55076

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

India

Status::

**Full Capacity** 

Given Name::

Lakhbir

Family Name::

LAMBA

City of Residence::

Lakeville

State or Province of

Minnesota

Residence::

**Country of Residence::** 

US

Street of mailing address::

16520 Interlachen Blvd.

City of mailing address::

Lakeville

State or Province of mailing

MN

address::

Postal or Zip Code of mailing

55044

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

**Full Capacity** 

Given Name::

Andrew J.

Family Name::

LANG

**City of Residence::** 

Lake Oswego

State or Province of

Oregon

Residence::

**Country of Residence::** 

US

Street of mailing address::

17538 Brookhurst Dr.

City of mailing address::

Lake Oswego

State or Province of mailing

OR

address::

Postal or Zip Code of mailing

97034

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

**Full Capacity** 

Given Name::

Jon D.

Family Name::

RUNDQUIST

City of Residence::

Chisago City

State or Province of

Minnesota

Residence::

Country of Residence::

US

Street of mailing address::

10879 Green Lake Tr.

City of mailing address::

Chisago City

State or Province of mailing

MN

address::

Postal or Zip Code of mailing

55013

address::

**Applicant Authority Type::** 

Inventor

**Primary Citizenship Country::** 

US

Status::

**Full Capacity** 

Given Name::

Paige W.

Family Name::		VINALL				
City of Residence::		Minneapolis				
State or Province of		Minnesota				
Residence::						
Country of Residence::		US				
Street of mailing address::		3460 Golfview Dr. #2221				
City of mailing address::		Minneapolis				
State or Province of mailing		MN				
address::						
Postal or Zip Code of mailing		55044				
address::						
Correspondence Info		mber:: 2	23524			
•	stolliel Hul					
E-Mail address::	PTOMailMadison@Foley.com					
Representative Infor	mation					
Representative Customer		23524				
Number::						
Domestic Priority Inf	ormation	_		<del></del>		
Application::	Continuity	Type::	Parent	Parent Filing		
			Application::	Date::		
			_1			

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

**Assignee Information** 

Assignee name::

U.S. Bank Corporation